

<b>Case Number:</b>	CM15-0060588		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained an industrial injury on 9/14/11. He subsequently reported multiple injuries from a fall. Diagnostic testing has included MRIs. Diagnoses include injury to face and neck secondary to trauma and abnormal jaw closure. Treatments include massage, injections and prescription pain medications. The injured worker continues to experience clenching of his jaw that increases muscle tension. A request for Right lumbar epidural steroid injections L5-S1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right lumbar epidural steroid injections L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Epidural Steroid Injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections right L5 - S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured workers working diagnoses are traumatic brain injury; intractable epilepsy; severe inappropriate daytime somnolence secondary to central sleep apnea versus narcolepsy versus medications; right shoulder SLAP tear with impingement, rotator cuff tear and fracture shoulder blade with serratus weakness and winged shoulder; and lumbar radicular pain with S1 root compression from new disc herniation; persistent CSF leak; and hypertension. The injured worker had a prior epidural steroid injection. Although the epidural steroid injection "helped", there was no objective documentation indicating a reduction in pain and functional improvement (required by the guidelines). An MRI was performed February 10, 2015 that showed a large disc protrusion impinging on the left S1 nerve root. At L3 - L4 there was a mild disc bulge and small posterior annular tear resulting in central canal stenosis. At L4 - L5 there was a minimal disc bulge with facet arthropathy. Subjectively, the injured worker complained of burning sensation down the left upper leg. Objectively, there were no objective neurologic findings compatible with radiculopathy. Consequently, absent clinical documentation with objective evidence of radiculopathy and a prior epidural steroid injection without objective evidence of reduced pain with functional improvement (requirements per the guidelines), epidural steroid injection right L5 - S1 is not medically necessary.